

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1. File Number U - <u>13599</u>   | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>  |
| 3. Name and address of person filing.<br>Name <u>Frank</u> <u>W</u> <u>O'Lone</u><br>P.O. Box, Bldg., Room No., if any _____<br>Street <u>14419 W. Renmore Rd.</u><br>City <u>Homer Glen</u><br>State <u>Illinois</u> ZIP Code + 4 <u>60491</u> | 4. Name, file number, and address of labor organization.<br>Name <u>Chicago &amp; Cook County Building Trades Council</u><br>Labor Organization File Number <u>017-836</u><br>P.O. Box, Building and Room Number, if any <u>Suite 1850</u><br>Street <u>150 N. Wacker Drive</u><br>City <u>Chicago</u><br>State <u>Illinois</u> ZIP Code + 4 <u>60606</u> |
| 5. Position in labor organization. <u>Sec. Treas. 3/1/04-12/31/04</u>   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name _____<br>Trade Name, if any: _____<br>P.O. Box, Bldg., Room No., if any _____<br>Street _____<br>City _____<br>State _____ ZIP Code + 4 _____                    | 7.a. Nature of Interest, Transaction, or Income.<br>_____<br>7.b. Amount.<br>_____ |

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Frank W. O'Lone

On

7/7/2005

Date

708 645-4419

Telephone Number

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| Name of Person Filing Frank O'Lone | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One West Monroe Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>  | <p>11.a. Nature of such dealing.</p> <p>Dinner at required out of town conference.</p>   |
|   | <p>11.b. Approximate dollar value of such dealing. \$125</p>   |
|   | <p>12.a. Nature of interest held or income received.</p>   |
|   | <p>12.b. Amount.</p>   |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Frank O'Lone | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bansley &amp; Kiener, L.L.P.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any #200</p> <p>Street 8745 West Higgins Road</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60631</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>Holiday Fruit &amp; Candy Basket with shipping.</p>  |
|  | <p>11.b. Approximate dollar value of such dealing. \$80</p>  |
|  | <p>12.a. Nature of interest held or income received.</p>   |
|  | <p>12.b. Amount.</p>   |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |                                 |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Blue Cross Blue Shield of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 300 East Randolph Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>  | <p>11.a. Nature of such dealing.</p> <p>Lunch and golf outing.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$100</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Chicago Federation of Labor</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 26th Floor</p> <p>Street 130 E. Randolph</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>Annual Christmas luncheon and door prize.</p>  |
|  | <p>11.b. Approximate dollar value of such dealing. \$100</p>   |
|  | <p>12.a. Nature of interest held or income received.</p>   |
|  | <p>12.b. Amount.</p>   |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Construction Employers' Association</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 3400</p> <p>Street 221 N. LaSalle St.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>  | <p>11.a. Nature of such dealing.</p> <p>Annual Luncheon Meeting.</p>   |
|   | <p>11.b. Approximate dollar value of such dealing. \$50</p>  |
|   | <p>12.a. Nature of interest held or income received.</p>   |
|   | <p>12.b. Amount.</p>   |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Construction Industry Service Corporation</p> <p>Trade Name, if any: Cisco</p> <p>P.O. Box, Bldg., Room No., if any #100</p> <p>Street 616 Enterprise Drive</p> <p>City Oak Brook</p> <p>State Illinois ZIP Code + 4 60523</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>  | <p>11.a. Nature of such dealing.</p> <p>Annual luncheon held at White Sox Park.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$125</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Great Lakes Advisors, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 2350</p> <p>Street 123 N. Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>                          |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>  | <p>11.a. Nature of such dealing.</p> <p>Lunch and golf outing.</p> <p>11.b. Approximate dollar value of such dealing. \$125</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |



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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Illinois State AFL-CIO</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 534 South Second Street</p> <p>City Springfield</p> <p>State Illinois ZIP Code + 4 62701</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>                             |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>Annual Christmas Luncheon.</p> <p>11.b. Approximate dollar value of such dealing. \$50</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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|---|---------------------------------|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers Union Local #73</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4550 West Roosevelt</p> <p>City Hillside</p> <p>State Illinois ZIP Code + 4 60162</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>Annual Apprentice Graduation Dinner.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$50</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p> |

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|---|---|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  |   |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> <hr/> <hr/> <hr/> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p>                   |

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Plus Mortgage Program</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any #100</p> <p>Street 241 Commerce Drive</p> <p>City Crystal Lake</p> <p>State Illinois ZIP Code + 4 60014</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>Annual golf outing, luncheon and meeting.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$94</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |                                 |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
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# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |  |
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| 1. File Number U - <u>13599</u>   | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>   |
| 3. Name and address of person filing.<br>Name <u>Frank</u> <u>W</u> <u>O'Lone</u><br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <u>14419 W. Renmore Rd.</u><br><br>City <u>Homer Glen</u><br><br>State <u>Illinois</u> ZIP Code + 4 <u>60491</u> | 4. Name, file number, and address of labor organization.<br>Name <u>Ceramic Tile &amp; Terrazzo Local #67</u><br><br>Labor Organization File Number <u>026-734</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>6425 S. Central Ave.</u><br><br>City <u>Chicago</u><br><br>State <u>Illinois</u> ZIP Code + 4 <u>60638</u> |
| 5. Position in labor organization. <u>Business Manager, 1st 2 months of 04</u>  |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State<br>ZIP Code + 4<br>                                   | 7.a. Nature of Interest, Transaction, or Income.<br><br><br><br><br><br><br><br><br><br>7.b. Amount.<br><br><br><br><br><br><br><br><br><br> |

### Signature

|  |                            |   |
|--|----------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                            |   |
| Signed <u><i>Frank W. O'Lone</i></u>   | On <u>7/7/2005</u><br>Date | <u>708 645-4419</u><br>Telephone Number |

|                                    |                |
|------------------------------------|----------------|
| Name of Person Filing Frank O'Lone | File Number U- |
|------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|   |   |
|---|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Ceramic Tile Institute</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 725 E. Irving Park</p> <p>City Roselle</p> <p>State Illinois ZIP Code + 4 60172</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>  | <p>11.a. Nature of such dealing.</p> <p>Expenses for attending a meeting after normal business hours.</p> <p>11.b. Approximate dollar value of such dealing. \$90</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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|---|---------------------------------|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |